

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-535)**

SERIAL NO. 10-069,320  
APPLICANT'S

		CLAIMS					
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1					
2			1				
3							
4			1				
5							
6			1				
7							
8			1				
9							
10			1				
11							
12			1				
13							
14			131				
15			113				
16			121				
17			113				
18			131				
19			112				
20		1					
21			1				
22							
23			31				
24			13				
25		1					
26			1				
27							
28			1				
29							
30			1				
31							
32			1				
33							
34			1				
35							
36			1				
37							
38			1				
39							
40			1				
41							
42			1				
43							
44			1				
45							
46							
47							
48							
49							
50							
TOTAL IND.	3						
TOTAL DEP.	40						
TOTAL CLAIMS	43						

PTO-535 (2-78)

ONLY TO BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

SEE INSTRUCTIONS TO CLAIMANT